

10/516572

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PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) Required)

Attorney Docket Number	BERGPAT-7
First Named Inventor	Markku Kyytsönen
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural Names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Arrangement for Closing Roll Nips

(Title of the Invention)

The specification of which

Is attached hereto
OR
 was filed on (MM/DD/YYYY) 06/05/2003 as United States Application Number or PCT International

Application Number PCT/FI03/00445 and was amended on (MM/DD/YYYY) 12/02/2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
20021084	FI	06/06/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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10/516572

10 RGC E PCTTE

04 FEB 2005

PTO/SB/81 (02-01)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	PCT/FI03/00445
Filing Date	June 5, 2003
First Named Inventor	Markku Kyytsönen
Title	Arrangement for Closing Roll Nips
Group Art Unit	
Examiner Name	
Attorney Docket Number	BERGPAT-7

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528	→	
OR				
<input type="checkbox"/>	Practitioner(s) named below:			
	Name	Registration Number		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country				
Telephone	Fax			

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Markku Kyytsönen		
Signature	<i>Markku Kyytsönen</i>		
Date	January 13, 2003		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 36528 Or <input type="checkbox"/> Correspondence address below			
Name:			
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Country:		Telephone:	Fax:
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): <u>Markku</u>		Family Name or Surname: <u>Kyytsönen</u>	
Inventor's Signature			Date: <u>Jan. 13, 2005</u>
Residence: City: <u>Numminen</u>	State:	Country: <u>Finland</u>	Citizenship: FI
Mailing Address: <u>Jokivarrentie 141</u>			
City: <u>Numminen</u>	State:	Zip: <u>FIN-04660</u>	Country: <u>Finland</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]):		Family Name or Surname:	
Inventor's Signature			
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
City:	State:	Zip:	Country:
<input type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			